

ROCHESTER



FIRST CLASS CITY . FIRST CLASS SERVICE

ETHICS ORDINANCE DISCLOSURE FORM



JUDY SCHERR, CMC City Clerk 201 4th Street SE, Room 135 Rochaster, MN 55904-3742 (507) 328-2900 FAX #(507) 328-2901

NAME: Marvin Mitche	ell
ADDRESS: <u>1604 Gler</u>	ndale Hills Dr. NE
CITY, STATE, ZIP CODE	Rochester, MN 55906
1. What is the name of your	position, title or job title with the municipality or City?
Member, Mayo Civic C	Center Commission
2. Is this an employed, appo	inted, or elected position?
Appointed	

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?

Mayo Civic Center Commission

4. When were you hired, appointed or elected to this position?

December 16, 2013

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood, marriage or other personal relationships or close business or political association. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance Disclosure Form Page Two

5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

Single-family rental property 1110 Folwell Dr. SW Rochester, MN 55902

6. Please list any interests you have in a business doing business with the City.

NOWE

7. Please list any interest you have in any business located within, or doing business in, the City.

NONE

8. List any and all employment.

Chair, Media Support Services

Mayo Clinic

Rochester, MN

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

Currently serving as President, Rochester Music Department Advisory Board

I hereby certify that the above information is complete and accurate,

Date

Signature